Substance Use Disorder (SUD) Workgroup recommendations for optimizing treatment in Health systems. Substance Use Disorders are chronic medical conditions that require long term care, monitoring, management strategies and follow up as part of routine medical care across the patient's lifespan. It's important to recognize all unique patient populations: Acute care, Primary Care, Emergency Department, Peri-Operative, and Maternity. Long-term Care and Home Care populations should also be considered.

Objective 1: All staff that work in health-care receive **annual SUD education**. At a minimum, education should include an overview of SUD, stigma reduction, and treatment strategies associated with SUD

Short term (3 months) – pilot education in one clinical area
Intermediate (6 months) – education for all clinical staff
Long term – education for all clinical and non-clinical staff

Objective 2: **Regular screening of all patients** for Substance Use Disorders using a standardized and evidence based assessment tool as part of routine care delivery. This can be very short 3-5 question screening (see example)

Short term (6months) implement standard screening tool in one pilot area
Long Term – all clinical areas

Objective 3: If screening is positive, patients should be provided with **brief interventions** and directed toward recommended treatment. Brief intervention focuses on education, increasing patient insight and awareness about risks related to unhealthy substance use, and enhances motivation toward healthy behavioral change. This function can combine handoffs between staff: Bedside Nursing, Behavioral Health, Emergency Department, Social Work, Recovery Coaches and others as identified to complete these brief interventions.

Objective 4: Reversal Agents: Naloxone should be available to all at risk patients and families in any setting. Facilities should explore all opportunities to provide Naloxone directly upon discharge. Consider other system enhancements to hardwire this practice like reminders in electronic health records and incorporating into order sets.

Objective 5: Long Term Treatment: Recognizing long term treatment is necessary, all participating health-systems should develop treatments that align with patient goals. It's important that treatment options include the use of **Medication Assisted Treatments (MAT)** in medical care settings as well as behavioral healthcare settings. Recognize this takes system coordination and specialized provider training and licensure.

MAT to include:

i. Buprenorphine products
ii. Naltrexone formulations
iii. Methadone for addiction treatment

Objective 6: Prescription Drug Monitoring Programs (INSPECT in Indiana) should be reviewed when considering prescribing a controlled substance. To facilitate, INSPECT Reports should be integrated with all Electronic Health Records.

Objective 7: Treatment Resource Guide: Education and discussion of available resources must be incorporated into the discharge plan of all patients who present with SUD or overdose. Patients and families must be provided with options of treatment, other community resources and where to reach out for help when it is needed. Patients and families needing to connect to human resources including SUD treatment and referral may access additional information by calling 211.

Objective 8: Prescribing Guidelines: Implement established opioid prescribing guidelines into practice. These were developed as important harm reduction strategies and reduction of SUD.

These objectives are just some of the strategies organizations should consider to provide the safest care possible to all our patients. Additionally, it's important to provide education to the public so that all understand associated risks and know more about opioids to protect themselves from SUD and overdose. Also, promoting work of community partners in harm reduction, like the Marion County Public Health Department's Safe Syringe Access and Support (SSAS) Program can reduce harm and open pathways to treatment.

See complete ICPS SUD workgroup consensus statement at:
http://indypatientsafety.org/documents/resources/DRAFT_ICPS_Addictions_consensus_statement_Aug302017_with_embedded_documents.docx